



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/29/2006  
Business ID: 439409  
William M. Gardner  
Secretary of State

GOODWIN & ASSOCIATES HOSPITALITY SERVICES LLC

91 N STATE ST  
CONCORD, NH 03301

ADDRESS OF PRINCIPAL OFFICE:

91 N STATE ST  
CONCORD, NH 03301

REGISTERED AGENT AND OFFICE:

ERIC GOODWIN  
91 N STATE ST  
CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 439409

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000

HOSPITALITY MANG RECRUTING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☒ The new mailing address 95 NORTH STATE ST. SUITE 4 CONCORD NH 03301  
☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Eric Goodwin  
STREET 91 North State Street  
CITY/STATE/ZIP Concord, NH 03301

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: \_\_\_\_\_

Please print name and title of signer: Eric Goodwin / Manager

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIF

State of New Hampshire  
Fee - Form LLC 8 - (LLC) 1 Page(s)

ATION REPORT WILL BE REJECTED

OF STATE

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, Manchester, NH 03108-9529



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